

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3543AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTAGES OF GREEN VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2620 E ROBINDALE ROAD HENDERSON, NV 89074</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility 2/17/11 through 2/28/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 103 Residential Facility for Group beds which 36 beds for the elderly or disabled and 67 beds for care to persons with Alzheimer's category II residents.  Complaint NV00027636 was substantiated. See TAG Y 0740 and TAG Y 0830.	Y 000		
Y 740 SS=D	449.272(1)(a)-(c) Indwelling Catheter  NAC 449.272 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver. (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care. (c) The catheter is inserted and removed only in accordance with the orders of a physician by a	Y 740		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 830	Continued From page 2  and retain a resident with a Foley catheter (Resident #1).  Severity: 2    Scope: 1	Y 830			

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